

# Researchers publish study on health effects and citizen resistance during the lockdown

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The University of Alicante Public Health Research Group has just published the results of a study on the challenges of COVID-19 in Alicante; its effects on health and citizen resistance during confinement.

The study was carried out during the 40-day period of home lockdown in the province of Alicante (from 15 March to 21 June). There, health conditions, compliance with lockdown rules, and health care and public health measures for the population of the province of Alicante were assessed.

The research was carried out in collaboration with the Health Club at UA Alicante City venue, all the UA off-campus venues and the University of Alicante Ageing Centre Mayores Salud. In addition to the citizens participating in the surveys, a group receiving online nursing services from the health area in the north of the city (Alicante University General Hospital -HGUA) also joined the study. In total, 1,378 people participated in this survey for subsequent assessment and analysis.

María Teresa Ruiz Cantero and Carlos Álvarez Dardet, are the main researchers of this work which now is a book published by the UA Publications Office. Both of them explain that they started this research during the first lockdown due to the COVID-19 epidemic and thought that more epidemic waves would follow, with more lockdowns and quarantines in Spain. Therefore, studying what happens in people's lives during these periods to try to reduce side effects is crucial.

The results of the surveys carried out show that approximately 12% of the participants have fallen ill (not only with COVID-19). The researchers analyzed variables such as age, sex, being 60 years old or older, living alone or accompanied, and place of residence during lockdowns. From this analysis, 18 conclusions and 15 recommendations for public policy design and health planning have been extracted. They even make visible market niches for private enterprise to cover the needs that have not been covered by the population, and have also identified spaces to be served by public institutions. Finally, the focus must be placed on the idea that it is absolutely key to increase community participation, with town councils and neighborhoods, in order to face the

outbreaks of the pandemic, as decision-making policies have been done mainly nationwide and regionally so far.

## Conclusions

Controlled mobility and climatology have been identified as significant factors of the spread of SARS-CoV 2 and the prevalence of the disease has been established at medium and low levels in Alicante, somewhat lower than in the rest of the country.

The researchers conclude that improving the financing of the health system is not enough and in-depth structural changes are needed: intersectoral responses to the different problems; involving the population and promoting individual self-responsibility. A conceptual and strategic change is essential to assess not only health problems but also well-being and quality of life, to encourage innovation and the development of integrated and participatory technologies that make people's lives easier.

Among the conclusions, the research highlights that occupational exposure in essential jobs and [home care](#) can explain the greatest risk of contagion by contact with patients of the COVID-19. A total 17.4% men, 11% women and 16% of youths and young adults of the participants in the study became ill and needed health care.

Living alone has been a protective factor for COVID-19. Those who live accompanied are those who have most often fallen ill: 19 women and 8 men accompanied compared to 4 women and 1 man living alone. This protection is especially relevant among people aged 60 and over living alone, since only 1 woman and no man have suffered from the COVID-19, while in this age group, those living accompanied, 6 women (3.1%) and 5 men (3.8%) have suffered from it.

## **On the distribution of domestic and care work between men and women**

Elderly people who live alone have a gender difference in their lives; the confined life has meant more burden of domestic work and care for older women who live with them (attention is drawn to the care of neighbors, which is performed by 16.7% of women living alone and no men in the same situation).

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## **In terms of health promotion**

Food and physical activity have been greatly influenced by the lockdown. A good number of people of both sexes living alone reported a worsening of their diet and less physical exercise (average weight gained by women is 2.5 kg, and average weight lose, 2 kg). Regarding men, a distinction must be made between those living alone (average gain of 3.3 kg and loss of 2 kg) and those living accompanied, an average gain of 3.5 kg and loss of 4 kg)

Entertainment in this period has been related to passive leisure, especially communication activities to cover the need to relate to people, which is the main need expressed in the research.

Meetings with family and friends and social distancing were and are the most frequent risk factors and the main outstanding challenges to prevent COVID-19.

The help received by the family is the most highly valued by both sexes whether they live alone or accompanied. Friendships do not seem to have met expectations, and even less so in the neighborhood.

## **Regarding the healthcare sector**

Aid from social services, both associated with the healthcare sector and the local council, have been assessed as insufficient.

Primary health care is the most demanded by patients; an interesting fact is that the less attention given by the PHC services, the greater the demand for attention in hospital and specialist emergencies, or in private medical centers.

Telephone communication has been the means of contact used to solve health problems.

The study sees evidence of health benefits from nursing electronic care services, especially in the area of physical activity and health literacy.

## **Recommendations**

- Governments must strengthen public health, primary care and specialized care with human resources.
- Improve socio-health care at home, focusing on the elderly and dependents, special attention for families at risk of exclusion.
- Focus on women's health needs to avoid increased likelihood of infection and spread due to the inequitable distribution of care and domestic tasks.
- Develop measures to increase community participation in decision-making policies on pandemic outbreaks, mainly established nationwide and regionally. The involvement of local

- councils and neighborhoods is absolutely key.
- Chronic patient care and mental health must be a priority in the proposed [health care](#) restructuring change.
  - Promotion of education and health activities
  - A strategy of empowering women by institutions can help increase their capacity as agencies to promote their own health and that of their environment.
  - Communication policies: transparent, based on the best evidence, drawn up by experts and coordinated between regional and state institutions; incorporating information distributed by sex; as the clinical manifestations and course of COVID-19 appear to be different in men and women.
  - Reinforcement of virtual interpersonal relations: WhatsApp, videoconferences, social networks, etc.
  - Develop more efficient, more accessible strategies for the digitalisation of healthcare, placing emphasis on the humanisation of the system.
  - Training on innovations for good healthcare professional practices in Medicine and Health Sciences
  - The needs not covered by the population can be seen as market niches by private enterprise or as spaces to be served by public institutions.

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